|  |   |                                 |                       |                      |                      |                  |             | Application or Docket Number |                        |         |                     |                        |  |
|--|---|---------------------------------|-----------------------|----------------------|----------------------|------------------|-------------|------------------------------|------------------------|---------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO  |   |                                 |                       |                      |                      |                  |             | D Internoce                  |                        |         |                     |                        |  |
| Effective January 1, 2003 10/650378  |   |                                 |                       |                      |                      |                  |             |                              |                        |         | 378                 |                        |  |
| CLAIMS AS FILED - PART I   |   |                                 |                       |                      |                      |                  |             | SMALL ENVITY                 |                        |         | OTHER THAN          |                        |  |
|  |   | -                               | (Column               | 1)                   | (Column 2)           |                  | T           | YPE [                        |                        | OR      | SMALL               |                        |  |
| TOTAL CLAIMS   |   |                                 | 20                    |                      |                      |                  |             | RATE                         | FEE                    |         | RATE                | FEE                    |  |
| FOR  |   |                                 | NUMBER FILED          |                      | NUMBER EXTRA         |                  | Ľ           | BASIC FEE                    | 375.00                 | OR      | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |                                 | 2 U minus 20=         |                      | • 1                  |                  |             | X\$ 9=                       | 0                      | OR      | X\$18≃              |                        |  |
| INDEPENDENT CLAIMS   |   |                                 | 3 minus 3 =           |                      | <u> </u>             | 0                |             | X42=                         | ð                      | OR      | X84=                |                        |  |
| MU   | LTIPLE DEPEN                            | DENT CLAIM PF                   | RESENT                |                      |                      |                  |             | +140=                        | 0                      | OR      | +280≈               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |                                 |                       |                      |                      |                  | L           | TOTAL                        | 325-                   | OR      | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  |   |                                 |                       |                      |                      |                  |             | OTHER THAN                   |                        |         |                     |                        |  |
| 7  | 18,05                                   | (Column 1)<br>CLAIMS            | (Colum<br>HIGH        |                      |                      |                  | SMALL       |                              |                        | OR      | SMALL               |                        |  |
| NTA  |   | REMAINING<br>AFTER<br>AMENDMENT |                       | NUM<br>PREVK<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |             | RATE                         | ADDI-<br>TIONAL<br>FEE | _       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total                                   | · 20                            | Minus                 | ** 0                 | (0)                  | =                |             | X\$ 9=                       |                        | OR      | X\$18=              |                        |  |
| AME  | Independent                             | • 3                             | Minus                 | ***                  | 3                    | =                |             | <b>X42</b> =                 |                        | OR      | X84=                |                        |  |
| لنا  | FIRST PRESENTATION OF MULTIPLE DEPENDEN |                                 |                       | ENDEN                | CLAIM                |                  | J           | +140=                        |                        | OR      | +280=               |                        |  |
|  | ·                                       |                                 |                       |                      |                      |                  |             | TOTAL                        | <del> </del>           |         | TOTAL               |                        |  |
|  |   |                                 |                       |                      |                      |                  |             | DDIT. FEE                    |                        | OR      | ADDIT. FEE          | L                      |  |
|  |   | (Column 1)<br>CLAIMS            | (Column 2) (Column 3) |                      |                      | 7 r              | <del></del> | LADDI                        | 1                      |         | 4001                |                        |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT |                       | PREV                 | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |             | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                                   | *                               | Minus                 | **                   | , , , , ,            | =                | 1 t         | X\$ 9≈                       | '                      | OR      | X\$18=              |                        |  |
|  | Independent                             | *                               | Minus                 | ***                  |                      | =                | 1 }         |                              | <del> </del>           | UH      |                     |                        |  |
| ¥  | FIRST PRESE                             | JLTIPLE DEF                     | TIPLE DEPENDENT CLAIM |                      |                      | 1                | X42=        | <b></b>                      | OR                     | X84=    |                     |                        |  |
|  |   | <del></del>                     |                       |                      |                      |                  | 1           | +140=                        |                        | OR      | +280=               |                        |  |
|  |   |                                 |                       |                      |                      |                  | _           | TOTAL<br>ODIT, FEE           |                        | OR      | TOTAL<br>ADDIT: FEE |                        |  |
|  | (Column 1) (Column 2) (Column 3)        |                                 |                       |                      |                      |                  |             |                              |                        |         |                     |                        |  |
| C  |   | CLAIMS<br>REMAINING             |                       | HIGH                 | EST                  | PRESENT          | lΓ          |                              | ADDI-                  |         |                     | ADDI-                  |  |
| AMENDMENT C  |   | AFTER<br>AMENDMENT              |                       | PREVI                | OUSLY                | EXTRA            |             | RATE                         | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE          |  |
|  | Total                                   | *                               | Minus                 | **                   |                      | 2                |             | X\$ 9=                       |                        | OR      | X\$18=              |                        |  |
| AME  | Independent                             | *                               | Minus                 | ***                  |                      | -                | 1 I         | X42=                         |                        | OR      | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPEND   |                                 |                       |                      | TCLAIM               |                  | J þ         |                              | 1                      |         |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |                                 |                       |                      |                      |                  |             |                              |                        | OR      | +280=               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |   |                                 |                       |                      |                      |                  |             |                              |                        | OR      | TOTAL<br>ADDIT. FEE |                        |  |
|  |   | nber Previously Pa              |                       |                      |                      |                  | er fou      | nd in the a                  | ppropriate bo          | x in co | olumn 1.            |                        |  |